

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	H-S	31	11/0
<b>FORMALITY REVIEW</b>	H-S	866	10-03-01
<b>RESPONSE FORMALITY REVIEW</b>	H-S	866	12-06-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) .. Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/01/01
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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24	✓	✓	11/01/01
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35C-571  
12/06/01If more than 150 claims or 10 actions  
staple additional sheet here

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